

Eligible returning students must complete and submit this application form to their Program Office. Deadline dates are set by the Program. Consult with your graduate program on the application submission deadline.

Graduate programs will use the information collected on the application form together with materials from the student's file (as maintained by the program office) as the basis for scholarship consideration. Graduate programs/departments will then forward their recommendations to the Yeates School of Graduate Studies for final assessment.

SECTION 1 - Personal Information

Last Name	First Name and Initials	Date of Birth (MM/DD/YYYY)
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SECTION 2 - Permanent Canadian Address

Suite/Apt. No.	No. and Street Address	City/Town
Province	Postal/Zip Code	E-mail Address
Phone No. (day)		

SECTION 3 - Citizenship Status

Canadian Citizen
 Permanent Resident
 Protected Person
 Temporary Resident VISA - Student Study Permit

If you selected Permanent Resident, Protected Person, or Temporary Resident VISA - Student Study Permit, please provide the date your residency status was received: **MM/DD/YYYY**

SECTION 4 - OGS Eligibility

The eligible student must not have exceeded the lifetime maximum of 6 years of government-funded student awards. Please indicate if you have ever been in receipt of any of the following awards:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Sciences and Humanities Research Council of Canada (SSHRC)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Natural Sciences and Engineering Research Council of Canada (NSERC)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Canadian Institute of Health Research (CIHR)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ontario Graduate Scholarship (OGS)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Queen Elizabeth II Graduate Scholarship in Science and Technology (QEII GSST)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ontario Trillium Scholarship (OTS)	Start date (MM/YYYY)	End date (MM/YYYY)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vanier Canada Graduate Scholarship (Vanier CGS)	Start date (MM/YYYY)	End date (MM/YYYY)

SECTION 5 - Current Ontario Student Assistance Plan (OSAP) Status

The eligible student must be in good standing with previous and current OSAP loans. Please indicate below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously received an OSAP loan?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your loan currently in good standing?

SECTION 6 - Referees (Provide information on two referees who will each complete a Letter of Appraisal)

Last Name	First Name and Initials
Full organization name	
Department	Title/Position

Last Name	First Name and Initials
Full organization name	
Department	Title/Position

Notices, Consents, Declaration and Signature of Applicant

Notice regarding Privacy Protection

In accordance with Section 39(2) of the Freedom of Information and Protection Privacy Act ("FIPPA"), the information in my Ontario Graduate Scholarship (OGS) application is collected under the authority of the Ryerson University Act 1977 and will be used by the University to award and administer all aspects of the OGS program and required reporting to the Ministry of Training, Colleges and Universities (MTCU) and other related or consistent purposes. All personal information that is collected will be used, stored, and destroyed in accordance with Ryerson University's information Protection and Access Policy. If you have questions about the collection, use and disclosure of this information by Ryerson University, please contact the Graduate Funding Specialist in the Yeates School of Graduate Studies, Ryerson University, 350 Victoria St. Toronto, Ontario, M5B 2K3, (416) 979-5365.

Applicant's Consent to the Indirect Collection and Disclosure of Personal Information

I agree that Ryerson University may, without limitation, collect, use and disclose personal information that is relevant to the administration and financing of OGS with: my academic references; SSHRC; NSERC; CIHR; bodies identified on this application form and other bodies, including government bodies within and outside Canada that administer scholarships for graduate study or student loans; the panel appointed to assess my application, and the Ministry of Training, Colleges, and Universities.

I agree that Ryerson university can, without limitation, collect use and disclose personal information about me that is relevant to the consideration of my OGS application and its report to MTCU with respect to the granting of the OGS with: the MTCU, my academic references and my program.

Applicant's Declaration

- I agree to the use of my admission application file and/or Tri-council funding application and/or generic OGS application and/or student file will be used for this competition and I understand that it forms part of the OGS application
- I have given complete and true information on this application form and in the required supporting documentation
- I understand that I am responsible for providing all required supporting documentation as indicated on my application or as directed by Ryerson University in respect of my eligibility for an OGS.
- I understand that information I provide will be verified and audited and the university may also conduct inspections and investigations. I will keep a copy of my application and all required supporting documentation in the event that I am required to produce this information for audit, verification, and inspection or investigation purposes.
- I will promptly notify Ryerson University in writing of any changes to the information I have provided and of any changes to my eligibility for an OGS, including ceasing to be enrolled full-time in an eligible program at Ryerson University; receiving an NSERC, SSHRC, CIHR, Vanier, Trillium or QEII-GSST, or becoming employed for more than an average of 10 hours per week.
- I understand that any change to the information I provide and any change resulting from verification and audit will result in reassessment
- I understand that if my application is reassessed, it may affect my eligibility and the amount of my OGS and, if required I will promptly repay all or part of my OGS
- I understand that all adjudication decisions are final

I have read and understood this section, including the notice of collection, use and disclosure of my personal information and my signature attests to my consent to the indirect collection, use and disclosure of my personal information and that my declaration is complete and true. I understand that any fraudulent or misleading statement may result in proceedings for academic misconduct.

Name of Applicant (print/type)

Signature of Applicant

Date

Plan of Study/Research Proposal

Name of Applicant	Program	Student number

Works Cited or Bibliography

Name of Applicant	Program	Student number

Research Contributions

Name of Applicant	Program	Student number